STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))-INDEPENDENT INVENTOR

Docket Number (Optional)

Applicant, Patentee, or Identifier. <u>JC</u>	OHNSON, William B.						
Application or Patent No.:							
FiledorIssued: FILED 5-22-00							
Title: INSECT DEBILITATIO	N AND ERADICATION COMPOSITIO	N AND METHOD					
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As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:							
The specification filed herewith with title as listed above.							
the application identified above.							
the patent identified above.							
I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).							
Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:							
X No such person, concern, or organization exists.							
Each such person, concern, or organization is listed below.							
•							
Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)							
I acknowledge the duty to file, in this	application or patent, notification of any ch	ange in status resulting in loss of					
entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))							
William B. Johnson							
NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR					
Williall							
Signature of inventor	Signature of inventor	Signature of inventor					
6-00-00							
Date	Date	Date					



required)

PTO/SB/01 (12-97)

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Attorney Docket Number DECLARATION FOR UTILITY OR JOHNSON, William B. First Nam d Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** 22-00 Filing Date □ Declaration □ Declaration **OR Submitted** Submitted after Initial **Group Art Unit** Filing (surcharge with Initial (37 CFR 1.16 (e)) Filing **Examiner Name**

As a below named inventor, I her	As a below named inventor, I hereby declare that:								
My residence, post office address,	My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
INSECT DEBILITATION AND ERADICATION COMPOSITION AND METHOD									
the specification of which (Title of the Invention) is attached hereto									
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).								
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
₹ >-									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?					
Number(s)	Country	(MIMI/DU/TTT)	Not Claimed	YES NO					
NONE									
Additional foreign application num	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date 60/135, 176 05/21/19		99	Additional provisional application						
			supplemental priority data sheet PTO/SB/02B attached hereto.						

PTO/SB/01 (12-97)

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DECLARATION — Utility or Design Patent Application

United States of United States of information which	f America PCT Inte th is mate	under 35 U.S.C., listed below and mational applicational to patentabilitiemational filing	d, insominition in the distribution of the dis	far as the subject he manner provide fined in 37 CF	ct matter ided by th R 1.56 w	of eac	th of the paragraph	daims of this h of 35 U.S.C.	applica 112, I a	tion is i acknowl	not disclosed in edge the duty t	n the prior to disclose
U.S. Parent Application or PCT Parent Number			Parent Filing Date Parent Filing Date (MM/DD/YYYY)				arent Patent Number (if applicable)					
NONE												
Additional	U.S. or PC	T international a	pplicati	on numbers are	listed on	a supp	lemental	priority data s	heet PT	O/SB/0	2B attached he	reto.
As a named inventor, I hereby appoint the following registered practitioner(s and Trademark Office connected therewith: Customer Number OR Registered practitioner(s)							→		t all business in Place Custon Number Bar (Label ben	mer Code		
	Name			Registi Num	ration			Name				tration nber
James.\				18,940								
Additional i	egistered	practitioner(s) na	med o	n supplemental	Registere	d Prac	titioner In	formation she	et PTO/	SB/02C	attached here	to.
Direct all corr	Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below						ess below					
Name	Jar	nes V. Harmon										
Address	100	00 Northstar Center East										
Address	608	8 Second Avenue South										
City	Mit	nneapolis	.,				State MN ZIP		55	55402		
Country	USA	4		Telephor	1e 612	2–33	9–1400	0	Fax	612-349-2908		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								made are				
Name of S	lame of Sole or First Inventor:					entor						
G	iven Nar	en Name (first and middle [if any]) Family Name or Sun				mame						
William	n B.	α				JOHNSON						
Inventor's Signature		Wali	ell.								Date	5/22/0
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Post Office	Address											
City	M	nticello	State	MN	ZI	P	55362		Cau	untry	US	
Additiona	Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached herei											